



FY 2005 Application

Performing Arts on Tour Grant

Intent to Apply Deadline: November 15, 2003

Application Deadline: December 15, 2003

Please refer to the guidelines and instructions.

I. APPLICANT	Legal Name		Federal Employer ID#	
	D.B.A (if applicable)			
	Street Address			
	US Congressional District	City	State	Zip Code - Plus 4 County
	KY Senate District	Director/Administrator Salutation		
	KY House District	Director/Administrator Name & Title		
	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.			
Daytime Phone #		Second Phone #		FAX #
E-Mail Address		Web Address		
II. SECONDARY APPLICANT (MUST check one <input type="checkbox"/> below)	Legal Name		Federal Employer ID#	
	Street Address			
	City	State	Zip Code - Plus 4	County
	Director/Administrator Salutation		Director/Administrator Name & Title	
	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.			
	Phone #		Fax #	E-Mail
III. PROPOSAL	Selected Artist/Ensemble/Company(s)			
	Resident State of Selected Artist/Ensemble/Company(s):		Activity Begin Date	Activity End Date
			/ /	/ /
	Artist(s)	Cultural Interpreter's	Total Amount	Match Amount
	Performance Fee	Honorarium	Requested	
	Number of Individuals who will benefit:		Number of Artists	Performance is for a (check one):
	Youth	Adult	Participating:	<input type="checkbox"/> Single <input type="checkbox"/> Series
Activity Contact Person Salutation		Activity Contact Person Name & Title		
<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.				
Phone #		Fax #	E-Mail	

KAC Staff Use ONLY

FY: 2005	APP #:	CLIST #:
App Status:	App Institution:	App Discipline:
Project Disc:	Activity: 05	Project Race:
AIE Percent: 99	AIE Description:	Project Descriptors: P
Grant Program: AOT	Grantee Race:	Application date:



Check only One <input type="checkbox"/> that best represents 50% or more of staff or board or membership (not audience)	Grantee Race / Ethnicity: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino </div> <div> <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White </div> </div>		
Check only One <input type="checkbox"/> that best represents who the grant or activity is intended to involve.	Activity Race / Ethnicity: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Asian Individuals <input type="checkbox"/> Hispanic / Latino Individuals <input type="checkbox"/> Native Hawaiian / Pacific Islander Individuals <input type="checkbox"/> NO Single Group </div> <div> <input type="checkbox"/> Black / African American Individuals <input type="checkbox"/> American Indian / Alaska Native Individuals <input type="checkbox"/> White Individuals </div> </div>		
Applicant Status _____	Please choose ONE : <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">02 Organization - Non-Profit</div> <div style="width: 33%;">06 Government - Regional</div> <div style="width: 33%;">09 Government - Tribal</div> <div style="width: 33%;">04 Government - Federal</div> <div style="width: 33%;">07 Government - County</div> <div style="width: 33%;">99 None of the Above</div> <div style="width: 33%;">05 Government - State</div> <div style="width: 33%;">08 Government - Municipal</div> </div>		
Applicant Institution _____	Please choose ONE (click the "▲" to the left of a category to expand group information & obtain a code number.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">▲ Community Organizations</div> <div style="width: 33%;">▲ Government</div> <div style="width: 33%;">▲ Venues / Presenters</div> <div style="width: 33%;">▲ Councils / Service Groups</div> <div style="width: 33%;">▲ Media</div> <div style="width: 33%;">▲ Other</div> <div style="width: 33%;">▲ Educational Institutions</div> <div style="width: 33%;">▲ Performing Groups</div> </div>		
<i>If using a paper version of this form, please refer to Application Instructions for Applicant Institution code numbers.</i>			
■ Please read and print instructions before completing the Organizational Financial Summary and Project Budget!			
Organizational Financial Summary <i>(Round off all amounts to the nearest dollar. Make sure your figures agree with your attached financial statements and budget.)</i>			
Fiscal Year Ends _____	Last Year (Most recently completed fiscal year)	This Year (Projected)	Next Year (Projected)
Total Revenues			
Total Expenses			
Net (Revenues - expenses)			

Instructions for Completing Narrative

To assist panelists in reading your application, duplicate the number and title of each performance expectation. For example, type “**1. Serving an Audience**” before your response to #1. Place the organization’s name and the words “Performing Arts on Tour ” in the upper right-hand corner of each page.

Narrative Outline

Please respond to the Introduction and each of the Performance Expectations below on **a total of not more than four pages**. Be sure to include complete information on each bulleted item in your narrative.

Introduction: Description of the organization, presenting program, and proposed bookings.

Description of Organization

- Describe your organization, including the type of not-for-profit, year founded, mission, and number of full-time and part-time professional staff.
- Describe your organization's audience in recent years in relation to the community.

Description of Presenting Program

- Describe your presenting program, including number and type of events each year and artistic focus.
- List total annual paid and unpaid attendance for performances.

Description of Proposed Performance Bookings

- List the artists for which you are requesting support in this application.
- State whether the selected artist/ensemble/company is included in the Kentucky Arts Council's 2004-5 Performing Arts Directory, or the adjudicated directory of another state arts agency in the Southern Arts Federation.
- Describe the performance(s) for which you are requesting support: State whether it is a series that includes several artists and performances, a single performance, a festival, etc. Provide dates, venues, audience capacity, total performance fee and amounts requested from the Kentucky Arts Council.
- Describe any activities related to the performance, such as classes, school programs, etc.
- If using a traditional artist, describe what type of cultural interpretation you will use.

Performance Expectations

1. Serving an Audience (30%)

- Describe your target audience for this activity.
- Describe how you determined the interests and needs of your community, and how this performance meets those needs.
- Describe how you will promote the activity to your target audience.

2. Collaborations/Partnerships (30%)

- Describe how this performance meets the mission and needs of your organization.
- Describe how the presenter and artist will work together to plan the performance.

3. Quality of Presentation (20%)

- Describe how the artist will be presented in a fashion that fully communicates their artform.
- Describe how you will deepen appreciation of the audience for the presented artform.
- Describe how you will educate the audience about the artist and their artform. If a cultural interpreter will be utilized please identify them and describe their presentation and knowledge of the artform.

4. Assessment and Feedback (20%)

- Describe the process and tools to be used to assess the activity, including feedback from the audience and artists who participate.
- Describe how you will assess the working relationship between the presenter and the artist.
- Describe how you will use the assessment to plan future performances and activities.
- Describe how you will document the activity.



Application Checklist

Include this application checklist as the first page of your application package.

Your application is not complete and will not be forwarded to the panel for review if it does not include the following mandatory information:

One signed original of the following:

- ☐ Performing Arts on Tour Application and narrative
- ☐ Copy of appropriate directory page for each selected artist/ensemble/company (not required if artists are included in the Kentucky Arts Council's 2004-2005 Performing Arts Directory)
- ☐ Copy of artist contract(s) or letters of intent
- ☐ Operating budget
- ☐ IRS Determination Letter (To assist the Kentucky Arts Council in updating its permanent files, all applicants must provide their IRS Determination Letter.)

Two copies of the following:

- ☐ Supporting materials such as sample brochures, programs, flyers, reviews, feature articles or any other relevant information

If you would like acknowledgement of receipt of your application and return of any support materials please enclose the following:

- ☐ Self-addressed, **and** stamped #10 envelope for acknowledgement of receipt
- ☐ Self-addressed, **and** stamped mailer for return of supporting materials

Applicant Signature

I certify that I am legally authorized to submit this application on behalf of the Organization and that all statements and enclosures herein are true and complete to the best of my knowledge.

Applicant Signature _____ Date _____
All signatures must be in RED ink.

Applicant (Type Name) _____ Title _____

Mailing Address for Completed Application

Kentucky Arts Council
Old Capitol Annex
300 West Broadway
Frankfort, KY 40601-1980